STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

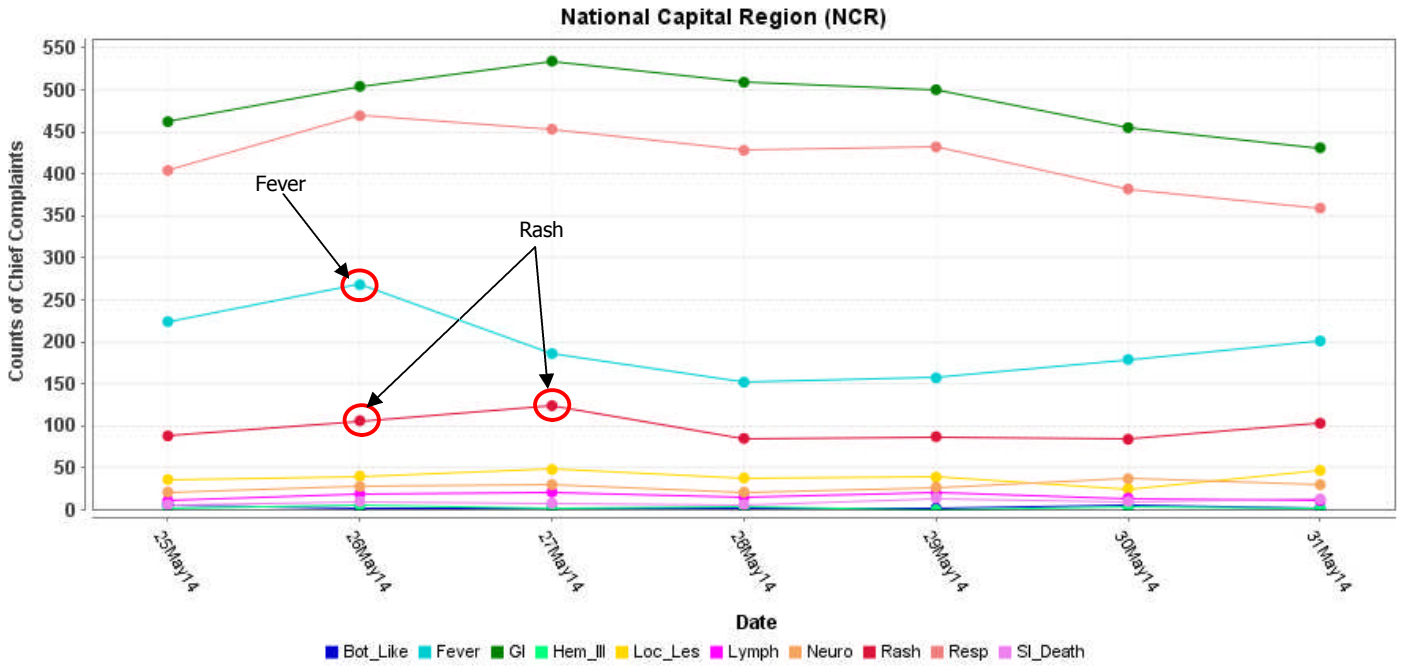
June 7, 2014

Public Health & Emergency Preparedness Bulletin: # 2014:22
Reporting for the week ending 05/31/14 (MMWR Week #22)

CURRENT HOMELAND SECURITY THREAT LEVELS

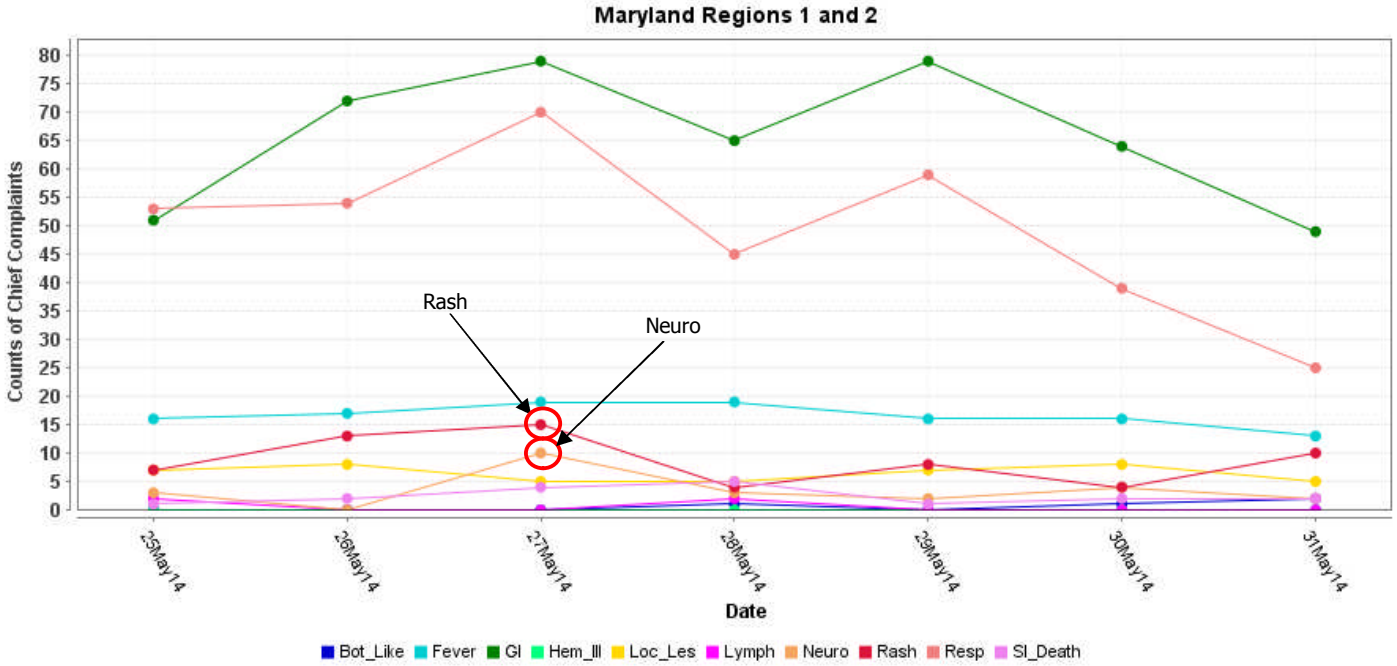
National: **No Active Alerts**
Maryland: **Level Four (MEMA status)**

SYNDROMIC SURVEILLANCE REPORTS
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

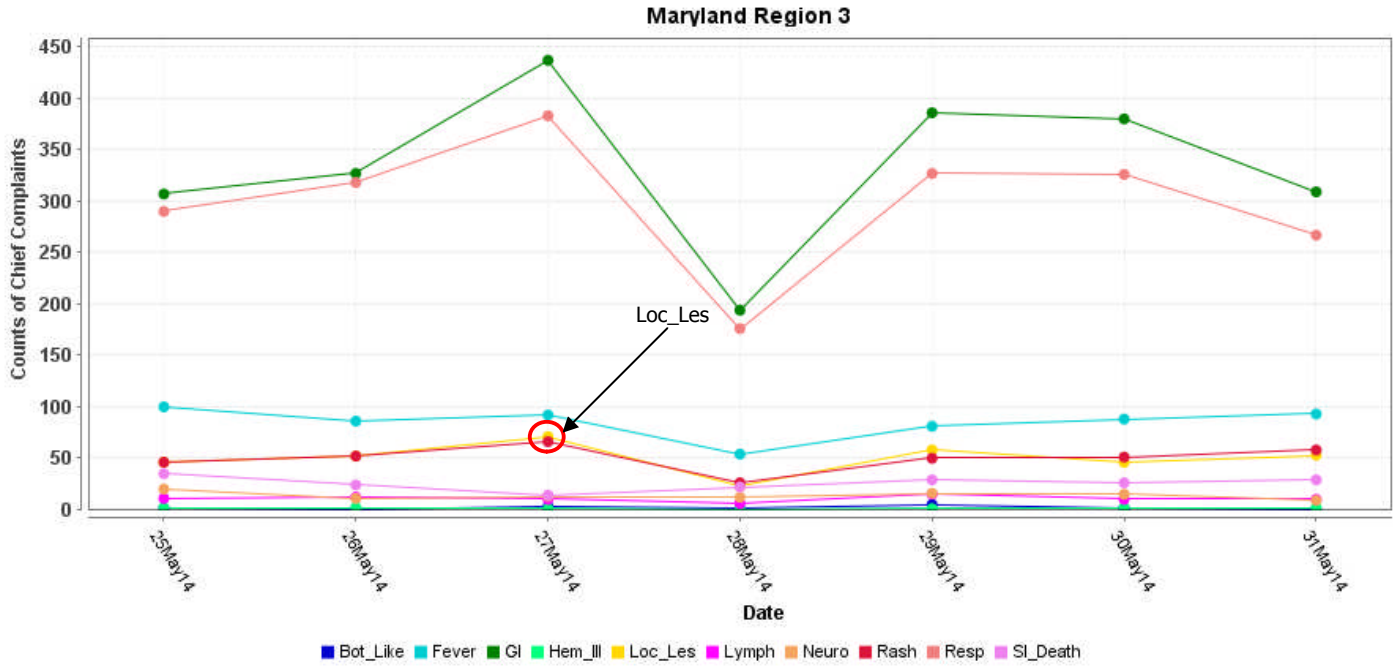


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

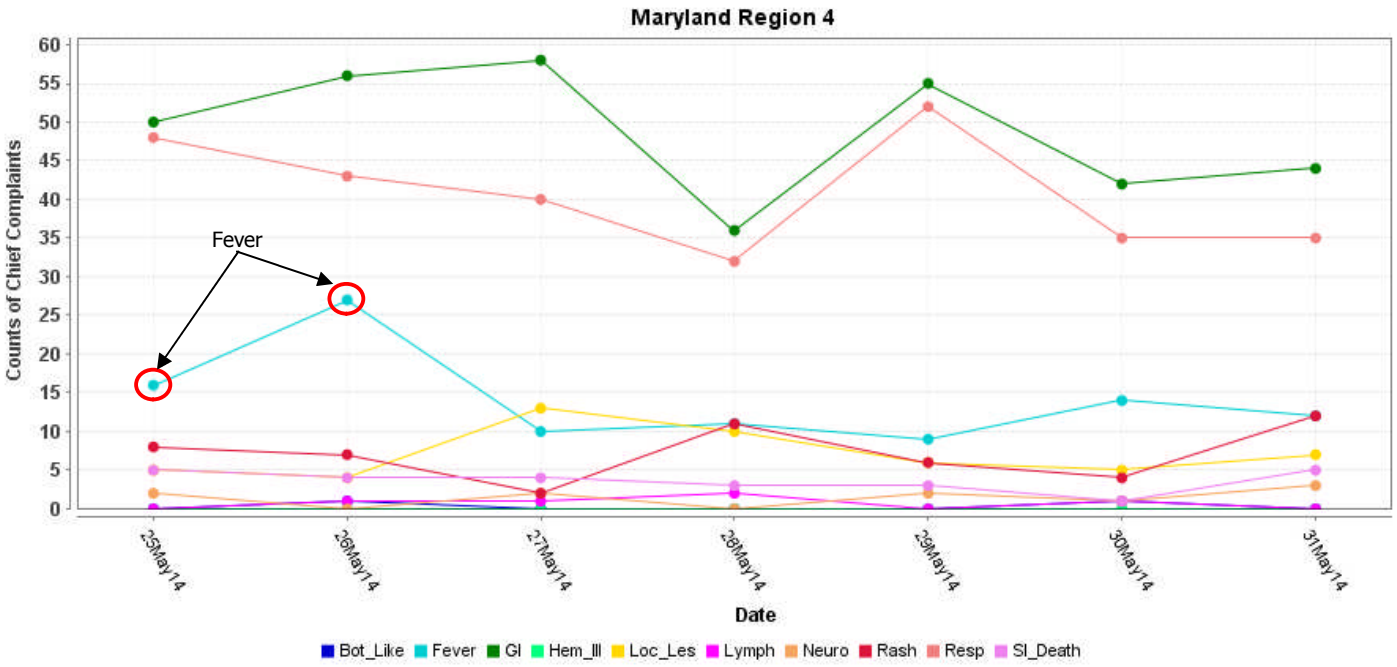
MARYLAND ESSENCE:



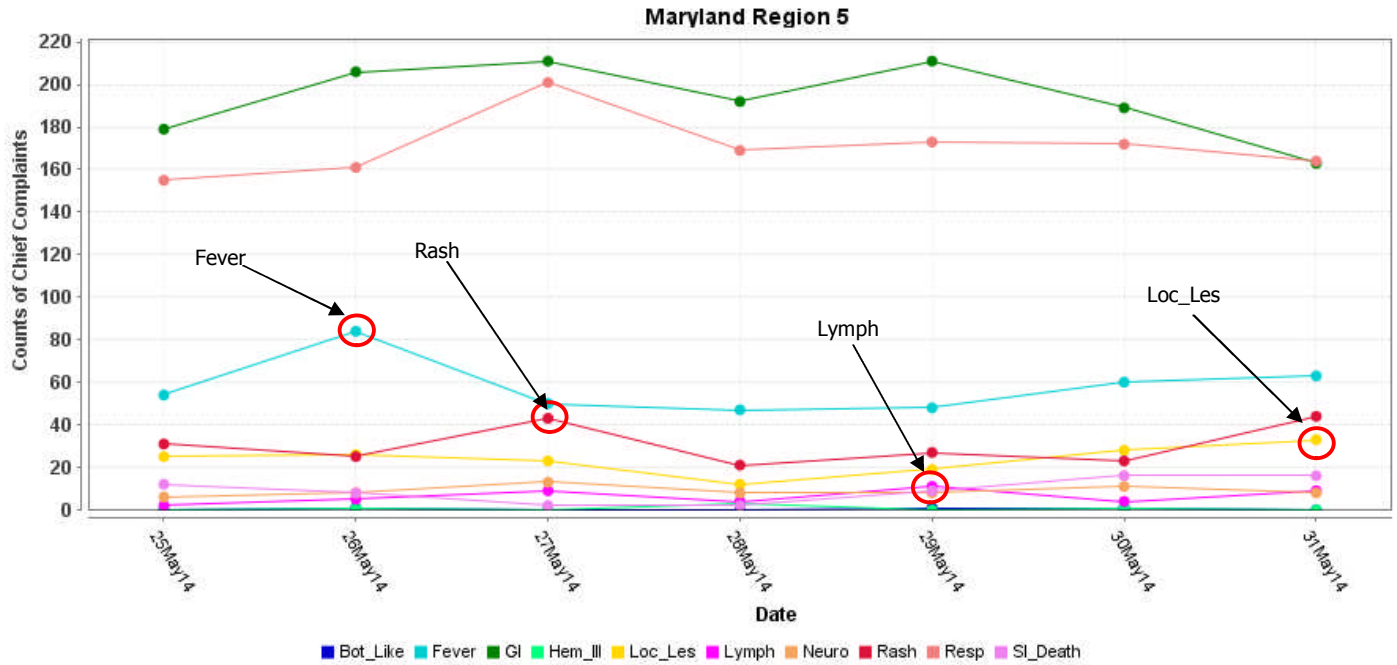
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



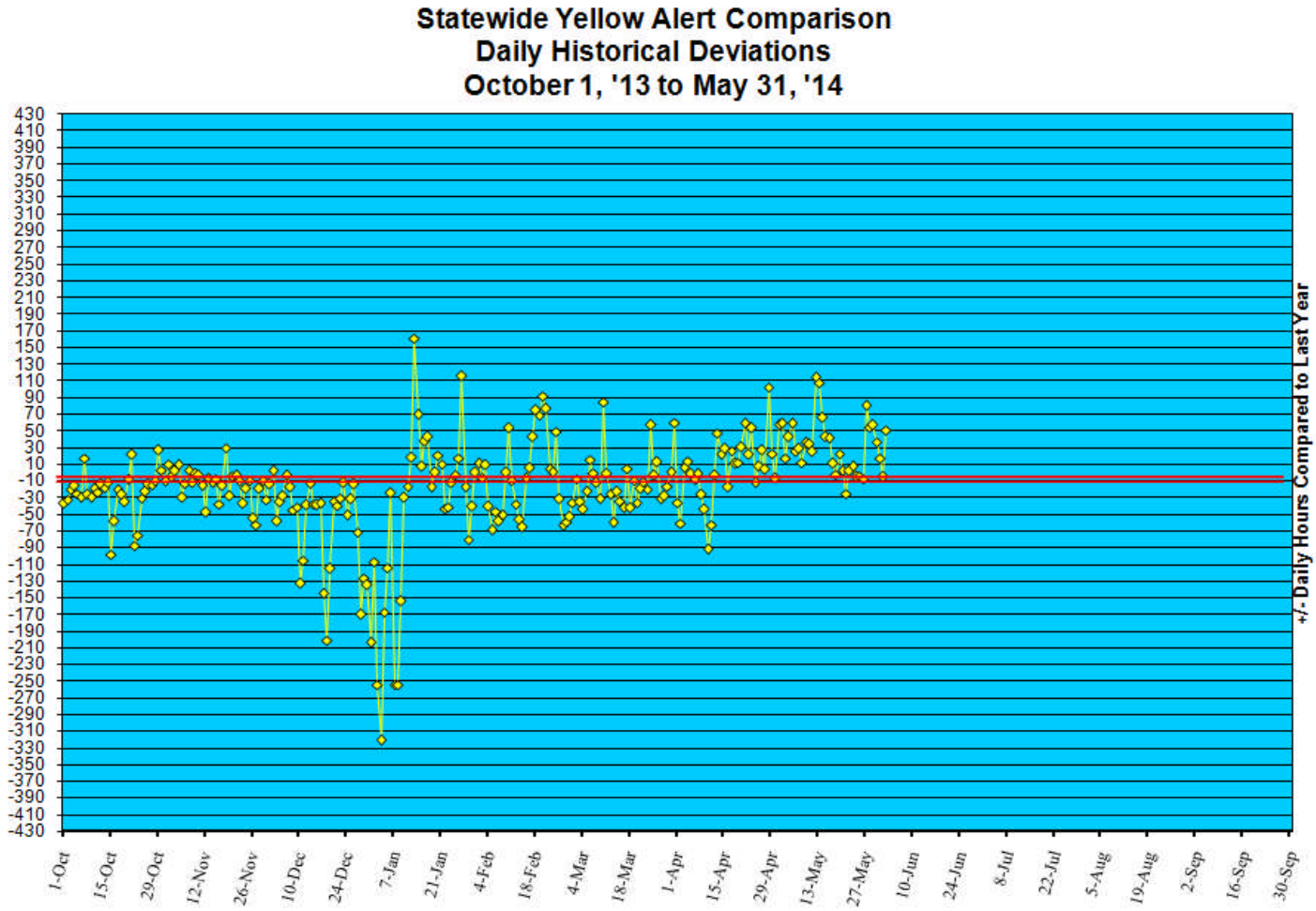
* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE



* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/13.



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in May 2014 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	**Aseptic**	**Meningococcal**
New cases (May 25 - May 31, 2014):	8	0
Prior week (May 18 - May 24, 2014):	8	0
Week#22, 2013 (May 26 - June 1, 2013):	8	0

2 outbreaks were reported to DHMH during MMWR Week 22 (May 25 - May 31, 2014)

2 Foodborne Outbreaks
1 outbreak of GASTROENTERITIS/FOODBORNE in associated with a Restaurant
1 outbreak of GASTROENTERITIS/FOODBORNE associated with a Rented Event Venue

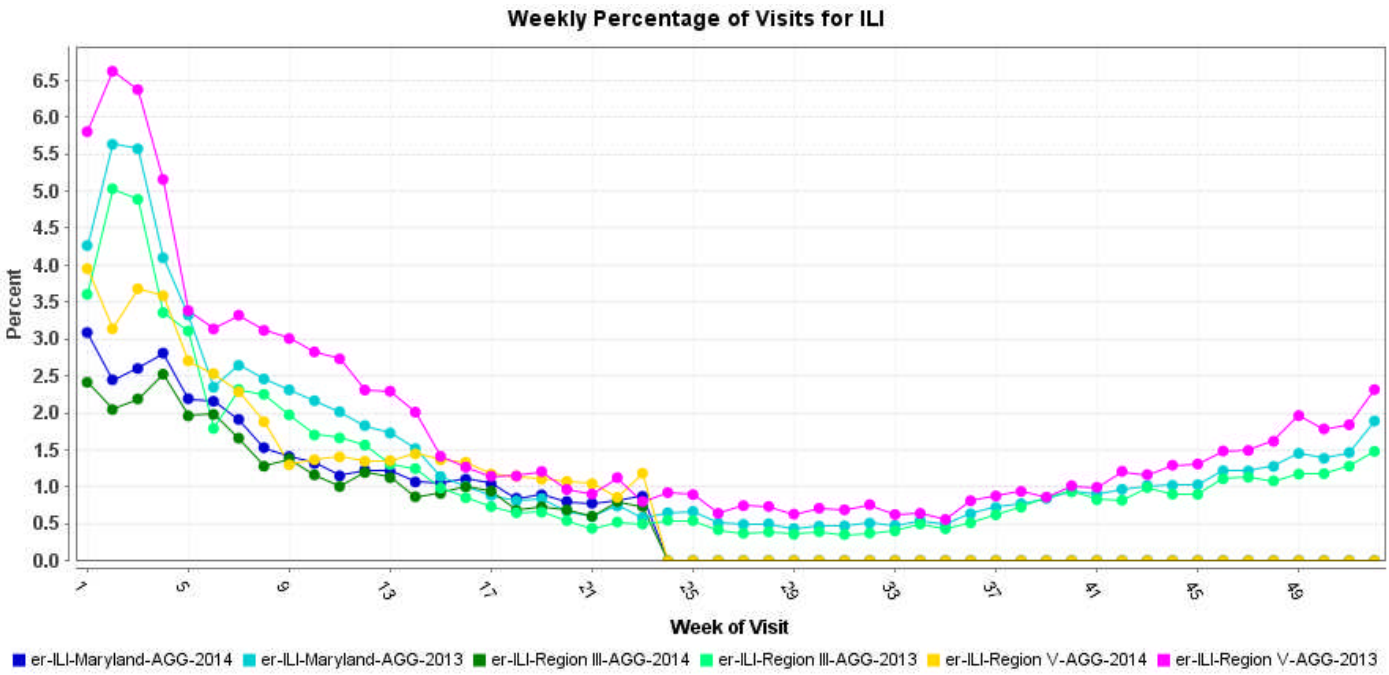
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting generally occurs October through May. The final reporting period for 2014 was MMWR Week 20.

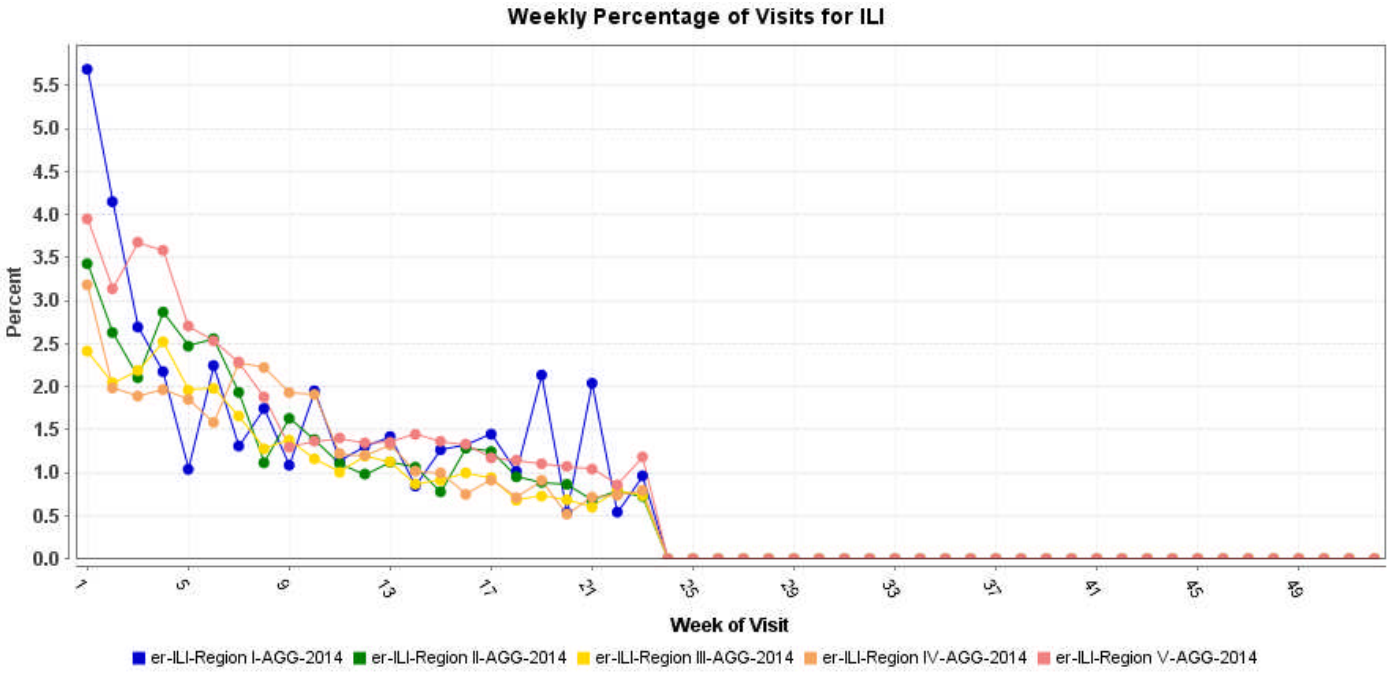
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



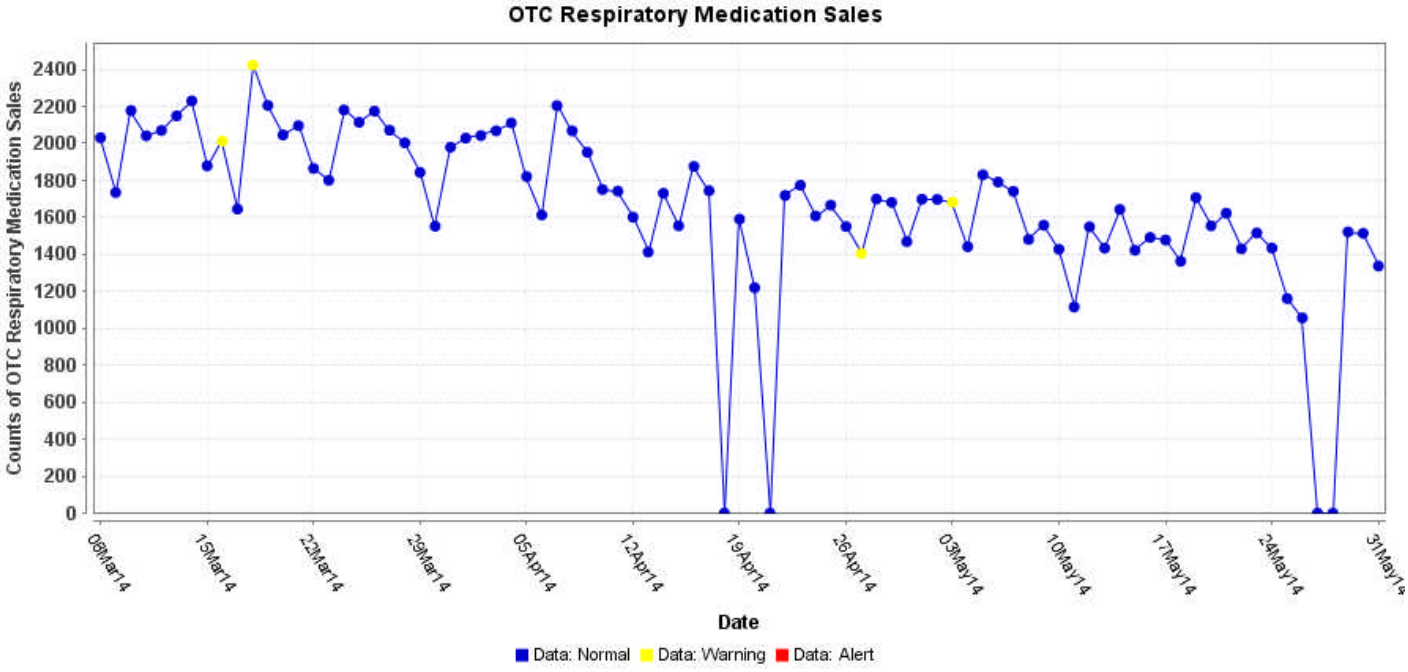
* Includes 2013 and 2014 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2014 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. As yet, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of January 24, 2014, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 650, of which 386 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

AVIAN INFLUENZA (H7N9): On 26 May 2014, the National Health and Family Planning Commission (NHFPC) of China notified WHO of 3 additional laboratory-confirmed cases of human infection with avian influenza A(H7N9) virus. Details of the cases are as follows:
- a 40-year-old male from Anqing City, Anhui Province. He had onset of symptoms on 9 May 2014, was admitted to a hospital on 17 May 2014, and is currently in a critical condition.
- a 69-year-old male from Huangshan City, Anhui Province. He had onset of symptoms on 14 May 2014, was admitted to a hospital on 16 May 2014, and is currently in a critical condition.
- 58-year-old male from Ma'anshan City, Anhui Province. He had onset of symptoms on 8 May 2014, was admitted to a hospital on 19 May 2014, and is currently in a critical condition.
The Chinese Government has taken the following surveillance and control measures: strengthen surveillance and situation analysis; reinforce case management and treatment; and conduct risk communication with the public and release information.

NATIONAL DISEASE REPORTS*

SALMONELLOSIS (USA): 27 May 2014, As of 22 May 2014, a total of 574 individuals infected with the outbreak strains of *Salmonella Heidelberg* have been reported from 27 states and Puerto Rico since 1 Mar 2013. Most of the ill persons (77 percent) have been reported from California. Since the last update on 9 Apr 2014, a total of 50 new ill persons have been reported from 8 states: Arizona (1), California (42), Georgia (1), Montana (1), Nevada (1), Oregon (1), Texas (1), and Utah (2). Since the last update, an average of 8 new ill persons have been reported each week to CDC. Among 560 persons for whom information is available, illness onset dates range from 1 Mar 2013 to 1 May 2014. Ill persons range in age from less than one year to 93 years, with a median age of 18 years. 51 percent of ill persons are male. Among 478 persons with available information, 178 (37 percent) reported being hospitalized. 13 percent of ill persons have developed blood infections as a result of their illness. Typically, approximately 5 percent of persons ill with salmonellosis develop blood infections. No deaths have been reported. In interviews, ill persons answered questions about foods consumed and other exposures during the week before becoming ill. 310 (86 percent) of 361 ill persons interviewed to date report consuming chicken in the week before becoming ill. Among those who had brand information available, 119 (74 percent) of 161 ill persons reported that they had consumed Foster Farms brand chicken or another brand likely produced by Foster Farms. Epidemiologic, laboratory, and traceback investigations conducted by local, state, and federal officials indicate that consumption of Foster Farms brand chicken is the likely source of this outbreak of *Salmonella Heidelberg* infections. The outbreak strains of *S. Heidelberg* are resistant to several commonly prescribed antibiotics. Although these antibiotics are not typically used to treat *Salmonella* bloodstream infections or other severe *Salmonella* infections, antibiotic resistance can be associated with increased risk of hospitalization in infected individuals. It is not unusual for raw poultry from any producer to have *Salmonella* bacteria. CDC and USDA-FSIS recommend consumers follow food safety tips to prevent *Salmonella* infection from raw poultry produced by Foster Farms or any other brand. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

LEGIONELLOSIS (ALABAMA): 28 May 2014, UAB [University of Alabama] Hospital did not notify state health officials soon enough in a deadly legionellosis outbreak in one of its units that left 2 dead and 7 infected -- and it should have, said the assistant state health officer. "The reality is that we are working with them where issues occurred and making sure it doesn't happen again," said Dr Mary McIntyre, assistant state health officer. The state and county health department found out about the legionellosis [outbreak] on [19 May 2014] through the lab UAB used for testing, she said. UAB already knew about the cluster of cases, and from 7 to 9 May 2014 had already treated the water system, which was the culprit in spawning the deadly bacteria in the hematology/oncology unit with cancer patients especially susceptible to the bacteria. 2 people of 9 testing positive for the *Legionella* bacterium, which can cause an acute pneumonia sometimes called legionnaires' disease, died in early May [2014]. UAB, citing patient confidentiality, won't disclose when they died. McIntyre said underreporting of "reportable diseases" -- diseases required to be reported to state and federal health authorities -- is a big problem with a lot of hospitals, not just UAB, and the state is beginning a new program to heighten awareness. Reportable diseases, such as legionellosis, in isolation need to be reported within 7 days and clusters such as the case here, need to be reported within 24 hours, said State Health Officer Don Williamson. "I think once the cluster was recognized -- we'd have liked to have known earlier -- but I think they acted appropriately" in fixing the problem, Williamson said. She said everything UAB did, without guidance from disease control specialists with the Alabama Department of Public Health or the Centers for Disease Control and Prevention was done well and eradicated the problem. UAB has reported 8 people who have been infected, but the Jefferson County and state health departments say a 9th person -- who was a visitor to the unit and had a compromised immune system -- also has tested positive for the infection. However, there have been no new cases since UAB's 7-9 May 2014 remediation process, which included using 160 deg F [71 deg C] water to flush the system. Here's some of the timeline: Dr Loring Rue, the hospital's patient safety expert, said there was a legionellosis case back in March [2014], but they have not yet determined whether that one was hospital or community acquired. It did not raise alarm bells because *Legionella* infection, while infrequent, is certainly not rare. 2 more positive cases, 1 in late April [2014], and 1 in early May [2014], led to efforts to find the problem, which proved to be the water system. From 7-9 May 2014, UAB flushed, shocked, and boiled the water system apparently eradicating the bacteria. No more cases have been discovered after that eradication process. Rue said he's learned that the hospital needs to better communicate with the state. "We can all learn from this in terms of being more communicative," he said. McIntyre said there were 41 cases [of legionellosis] confirmed last

year [2013], all were single cases except for one outbreak. (Water Safety Threats are Listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS (USA): 29 May 2014, CDC is collaborating with public health officials in several states and the FDA to investigate a multistate outbreak of *Salmonella Newport* infections. Results from this ongoing investigation indicate that organic sprouted chia powder distributed by Navitas Naturals of Novato, California is the likely source of this outbreak. Chia powder is made from ground dried chia seeds. Public health investigators are using the PulseNet system to identify cases of illness that may be part of this outbreak. PulseNet, the national subtyping network of public health and food regulatory agency laboratories coordinated by CDC, obtains DNA "fingerprints" of *Salmonella* bacteria through diagnostic testing with pulsed-field gel electrophoresis, or PFGE, to identify cases of illness that may be part of this outbreak. This PFGE pattern has never been seen before in PulseNet. A total of 12 ill persons infected with the outbreak strain of *S. Newport* have been reported from 7 states. The number of ill persons identified in each state is as follows: Arizona (1), California (2), Connecticut (1), Massachusetts (1), New York (4), Utah (1), and Wisconsin (2). Among persons for whom information is available, dates that illnesses began range from 21 Jan 2014 to 5 May 2014. Ill persons range in age from 4 years to 71 years, with a median age of 48 years. 58 percent of ill persons are female. Among 10 ill persons with available information, 1 (10 percent) reports being hospitalized. No deaths have been reported. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

RICIN (NEW YORK): 29 May 2014, A New York City pharmacist arrested on drug-related charges admitted in federal court that he had been trying to make weapons-grade ricin and other lethal toxins and had acquired weapons, body armor and manuals on violent confrontation, federal authorities said Thursday (28 May 2014). Jordan Gonzalez pleaded guilty Thursday [28 May 2014] morning in a federal courtroom in Trenton, New Jersey to knowingly attempting to develop, produce and possess toxins and to possessing equipment for producing illegal narcotics. U.S. Attorney for the District of New Jersey, Paul Fishman, said the 34-year-old Gonzalez admitted he had been assembling equipment and materials to produce ricin, abrin and other toxins at his apartments in Jersey City and Manhattan. Gonzalez also obtained weapons, ammunition, body armor and survivalist-themed manuals. "We all have seen the devastation possible when these behaviors go unchecked," Fishman said. "With today's [28 May 2014] guilty plea, Jordan Gonzalez will face justice and will not be a threat to society." Gonzalez admitted in court Thursday [28 May 2014] that he had acquired the materials in anticipation of "using them in confrontations with other people in the future," according to the U.S. attorney's office. The pharmacist was initially charged by federal authorities in New Jersey with trying to manufacture a controlled substance after authorities found he had made a series of purchases through an online auction of materials associated with the hallucinogen known as MDA. He was arrested on 14 Nov 2013 in Jersey City, and federal agents searched 3 locations he was using: a Jersey City storage unit and Gonzalez's apartments in Jersey City and New York City. Court papers show the searches turned up thousands of seeds containing ricin and abrin, materials to extract and administer those toxins, and explosive precursor chemicals, including materials for making RDX, an explosive compound used in military and commercial demolition applications. Authorities also found manuals on extracting ricin from seeds, guides for synthesizing explosives and making destructive devices, and numerous books and documents related to the collapse of social order and techniques for surviving in a lawless environment, according to court papers. Federal agents also found approximately 1000 rounds of ammunition, handguns, components for assault rifles and submachine guns, high capacity magazines, a bulletproof vest and a crossbow pistol. Gonzalez also had materials and training manuals for synthesizing controlled substances. Fishman credited the Federal Bureau of Investigation and the Drug Enforcement Administration and the cooperation between federal and local law enforcement agencies for detecting and disrupting Gonzalez's activities. Gonzalez could face up to life in prison at his 17 Sep 2014 sentencing. (Ricin Toxin is listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

HANTAVIRUS (USA): 30 May 2014, The City of Amarillo has confirmed its 1st case of [a] hantavirus [infection], an infection of the lungs which is caused by several different strands [?] of the virus found in rodents. The City's Health Department says the patient has improved, but hantavirus pulmonary syndrome (HPS) can be a very serious illness. Health officials say the disease can be contracted in places like barns, outbuildings, sheds or any environments where rodents are living. The host of the virus is the deer mouse [*Peromyscus maniculatus*], which lives in the western and central US and Canada, including the Texas Panhandle. Infection occurs when the virus is breathed in after it has been kicked up from things like dried rodent urine, droppings, nesting material, and saliva. A release from the city says [Sin Nombre] hantavirus has not been shown to transmit from one person to another. It also states potential risk activities for HPS:
- Opening or cleaning cabins, sheds and outbuildings, including barns, garages and storage facilities that have been closed is a potential risk for hantavirus infections, especially in rural settings.
- Cleaning in and around your own home can put you at risk if rodents are present.
- Construction, utility and pest control workers can be exposed when they work in crawl spaces, under houses, or in vacant buildings that may have a rodent population.
- Campers and hikers can also be exposed when they use infested trail shelters or camp in other rodent habitats. (Emerging Infectious Diseases are listed in Category C on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS*

FOODBORNE ILLNESS (MEXICO): 26 May 2014, Nearly 450 inmates required medical attention in an episode of foodborne illness at a maximum security prison in western Mexico, Jalisco state authorities said. "None of the (affected inmates) is in serious condition, nor did any require medical transfer," the state public safety office said. Officials did not mention the name of the prison, but media accounts identified the facility as Puente Grande. Doctors and paramedics from the Jalisco health department and the municipal fire rescue services in Guadalajara and Tlaquepaque assisted the prison medical staff in treating the inmates for vomiting and diarrhea. (Food Safety Threats are Listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

ANTHRAX (KENYA): 28 May 2014, An man has died while 9 are admitted after eating a hippo carcass in Embu county. The man, from Karuku village in Mbeere South [constituency], was taken to Embu Level Five Hospital mortuary on Monday [26 May 2014] and the 9 are admitted at the hospital. Police said [people] found the dead hippo on [18 May 2014] and took the meat. Mbeere South deputy county commissioner Lyford Kibaara yesterday [27 May 2014] said the hippo was found on the banks of Sagana River at the boundary between Embu, Machakos, and Muranga counties and residents from the 3 counties [butchered] and feasted on it. Kibaara said the residents started swelling. He said they suspect the hippo had anthrax, which killed it. Kibaara said they have organized a free vaccination camp at Makutano [in the former Rift Valley Province] shopping Centre today [28 May 2014] for all those who ate the hippo. He said victims have reported contradicting stories as they were fear prosecution if found guilty of killing the hippo. Mbeere South police boss Bernstein Shari said they are investigating the incident. He said they have not established whether residents killed the hippo or they found it dead. Kibaara and Shari asked residents not to eat meat from carcasses as they cannot be sure of what killed the animals and if the meat is fit for consumption.

Shari said the residents claim they found 2 hippos fighting and one was badly injured. The injured hippo died and they shared the meat. Embu Level Five Hospital medical superintendent Dr Gerald Nderitu said that the 9 patients are responding well to treatment. Victims at the hospital said they shared the meat with their neighbors. (Anthrax is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

ANTHRAX (INDIA): 28 May 2014, An anthrax scare has gripped Koraput district [Odisha state] after 3 persons died and 18 others were affected by the disease at Jangaljadi village under Boipariguda block in the last 7 days. A team of health officials was sent to the village from the District Headquarters Hospital on Tuesday [27 May 2014]. Anthrax affected 30 persons in the village in the beginning of this month [May 2014], but it could not be identified and the diseased people took medicines from quacks. However, when 3 persons succumbed, the affected persons were admitted to a health centre in Ramgiri village. Later, doctors confirmed the disease [was anthrax] and the patients were shifted to Jeypore Hospital. However, the disease surfaced again last week [week of 19 May 2014] and claimed 3 lives. So far, 18 persons have been affected in this recent outbreak of the disease. Doctors said preliminary reports indicated that they had consumed contaminated beef. Medical reports have confirmed anthrax and steps are being taken to prevent the disease from spreading to other places. Last year [2013], one person died and 20 persons were affected by the disease in the same block. They had consumed half-boiled meat of an anthrax-infected buffalo. (Anthrax is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

EBOLA VIRUS DISEASE (GUINEA): 28 May 2014, Ebola is still spreading in West Africa, and the World Health Organization declared the situation "serious" when new cases surfaced after officials thought they had contained the virus. Guinea's capital city of Conakry has recorded its 1st new Ebola cases in more than a month, while other previously unaffected areas have reported infections in the past week, according to the World Health Organization (WHO). The spread of the 2-month-old outbreak, which Guinean authorities said had been contained, risks further complicating the fight against the virus in a region already struggling with weak healthcare systems and porous borders. "The situation is serious; you can't say it is under control, as cases are continuing, and it is spreading geographically," Dr Pierre Formenty, a WHO expert who recently returned from Guinea, told a news briefing in Geneva on Wednesday [28 May 2014]. "There was no decline. In fact, it is because we are not able to capture all of the outbreak that we were under the impression there was a decline," he said. The WHO reported 2 new cases, including one death, between 25-27 May 2014 in Conakry. They were the 1st to be detected since 26 Apr 2014. An outbreak in the capital could pose the biggest threat of an epidemic because the city is Guinea's international travel hub. Telimele and Boffa -- 2 districts north of Conakry that were previously untouched by the disease -- confirmed outbreaks through laboratory testing, the WHO said; 12 cases, including 4 deaths, were reported there between 23-26 May 2014, while suspected ebolavirus disease (EVD) infections were documented in the adjacent districts of Boke and Dubreka. Aboubacar Sidiki Diakite, who heads the Guinean government's efforts to halt the virus's spread, said the origins of all the new outbreaks had been traced back to cases in Conakry. The problem is that there are families that refuse to give information to health workers. They hide their sick to try to treat them through traditional methods," he said. The outbreak -- the 1st deadly appearance of the haemorrhagic fever in West Africa -- spread from a remote corner of Guinea to the capital and into Liberia. Sierra Leone reported its 1st confirmed outbreak of the disease earlier this week. The WHO has documented 281 clinical cases of Ebola, including 185 deaths, in Guinea since the virus was 1st identified as an ebolavirus in March [2014]. The disease is thought to have killed 11 people in Liberia, though there have been no new cases there since 9 Apr 2014. 16 cases -- 7 of them confirmed through laboratory testing and another 9 suspected -- have been reported in Sierra Leone's Kailahun district, where 4 people were said to have died of the disease. Researchers say a new strain of the virus caused the West African outbreak. (Viral Hemorrhagic Fevers are listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

National and International Disease Reports are retrieved from http://www.promedmail.org/.

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.dhmh.maryland.gov/ or follow us on Facebook at www.facebook.com/MarylandOPR.

Maryland's Resident Influenza Tracking System: http://dhmh.maryland.gov/flusurvey

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NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

Zachary Faigen, MSPH, REHS
Biosurveillance Epidemiologist
Office of Preparedness and Response
Maryland Department of Health & Mental Hygiene
300 W. Preston Street, Suite 202
Baltimore, MD 21201
Office: 410-767-6745
Fax: 410-333-5000
Email: Zachary.Faigen@maryland.gov

Anikah H. Salim, MPH, CPH
Biosurveillance Epidemiologist
Office of Preparedness and Response
Maryland Department of Health & Mental Hygiene
300 W. Preston Street, Suite 202
Baltimore, MD 21201
Office: 410-767-2074
Fax: 410-333-5000
Email: Anikah.Salim@maryland.gov

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents

Table: Text-based Syndrome Case Definitions and Associated Category A Conditions

Syndrome	Definition	Category A Condition
Botulism-like	ACUTE condition that may represent exposure to botulinum toxin ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy. ACUTE descending motor paralysis (including muscles of respiration) ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.	Botulism
Hemorrhagic Illness	SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria	VHF
Lymphadenitis	ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)	Plague (Bubonic)
Localized Cutaneous Lesion	SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia INCLUDES insect bites EXCLUDES any lesion disseminated over the body or generalized rash EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease	Anthrax (cutaneous) Tularemia
Gastrointestinal	ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea EXCLUDES any chronic conditions such as inflammatory bowel syndrome	Anthrax (gastrointestinal)

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Respiratory	ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media) SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE *acute exacerbation* of chronic illnesses.)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Neurological	ACUTE neurological infection of the central nervous system (CNS) SPECIFIC diagnosis of acute CNS infection such as pneumococcal meningitis, viral encephalitis ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephalitis NOS, encephalopathy NOS ACUTE non-specific symptoms of CNS infection such as meningismus, delerium EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's	Not applicable
Rash	ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs) SPECIFIC diagnosis of acute rash such as chicken pox in person > XX years of age (base age cut-off on data interpretation) or smallpox ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheaic dermatitis, rosacea EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema	Smallpox
Specific Infection	ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal) INCLUDES septicemia from known bacteria INCLUDES other febrile illnesses such as scarlet fever	Not applicable

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents (continued from previous page)

Syndrome	Definition	Category A Condition
Fever	ACUTE potentially febrile illness of origin not specified INCLUDES fever and septicemia not otherwise specified INCLUDES unspecified viral illness even though unknown if fever is present EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome	Not applicable
Severe Illness or Death potentially due to infectious disease	ACUTE onset of shock or coma from potentially infectious causes EXCLUDES shock from trauma INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths	Not applicable